Federal Communications Commission Approved by OMB Washington, D.C. 20554 3060-1115 (March 2008)			FOR FCC USE ONLY				
DTV Quarter	FCC rly Acti	FOR COMMISSION USE ONLY FILE NO. ~					
Licensee VALLEY BROADCASTING COMPANY							
Call Sign KVNV		Facility Id 86537			Previous Call Sign (if applicable)		
Community of License							
City				Zip Code			
ELY	NV				-		
Nielsen DMA World Wide Web Home Page A			ddress	~~ (Licensee Renewal Expiration Date (mm/dd/yyyy) 10/01/2014		
Channel Numbers: (Check the Channel Number(s) to which this form applies.)							
Analog 3							
Digital				,			
Report reflects information f	or quarte	r ending: 09/30/2008					
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? Option One (A and D) Option Two (B and D) Option Three (C and D)							
Over the past quarter, have you fully complied with the requirements of this option? (*Yes C No					• Yes C No		
Simulcasting:							
Are you simulcasting on your Analog channel and your primary Digital stream			eam?		C Yes C No		
Application Purpose:							
TOTV Education Report							
C Amendment			File Number -				
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.							

Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

Total 5:00 a.m. to 1:00 a.m. PSAs Total 5:00 a.m. to 1:00 a.m. CSTs For informational purposes only, how	your station run between 5:00 a.m. and 1:00 a.m. last quarter? many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to
PSAs Total 5:00 a.m. to 1:00 a.m. CSTs For informational purposes only, how	many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to
CSTs For informational purposes only, how	many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to
	many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to
For informational purposes only, how 9:00 a.m.?	many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to
Total 6:00 a.m. to 9:00 a.m.	
PSAs	
Total 6:00 a,m. to 9:00 a.m. CSTs	
For stations located in the Eastern or quarter from 6:00 p.m. to 11:35 p.m.	Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last
Total 6:00 p.m. to 11:35 p.m.	illust average at least 4 per week):
PSAs	
Total 6:00 p.m. to 11:35 p.m. CSTs	
quarter from 5:00 p.m. to 10:35 p.m. Total 5:00 p.m. to 10:35 p.m. PSAs Total 5:00 p.m. to 10:35 p.m. CSTs	Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last must average at least 4 per week)?
Comments:	
30 Minute Educational Programs -	Last Quarter
	nformational programs did your station run during the quarter? At least one such urs of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.
Total number of 30 Minute Informat	onal Programs
Comments:	

100-Day Countdown Eligible Pieces - Last Quarter

Beginning on November 10, 2008, all stations participating in Option Two will engage in special 100-Day "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown to DTV" on-air activity per day during the 100 days leading up to February 17, 2009. During the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your station run?

	Graphic Displays				
	Animated Graphics				
Graphic and Audio Displays					
Longer Form Reminders					
Comments:					
Section D (For all broadcasters)					
Additional DTV On-air Initiative					
Did your station run additional on-a during the quarter? The comment b	ox may be used to describe these initiatives.	C Yes C No			
Comments:					
\$	ity Related to the DTV Transition - Last Quarter				
Does your station have a Website?		↑ Yes ↑ No			
If YES, did your station provide add The comment box may be used to d	C Yes € No				
Comments:					
Additional DTV Outreach Efforts Last Quarter					
Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.					
Speaking Engagements					
Comments:					
Community Events					
Comments:					

Other (describe)
Comments:
This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.
Comments:

Station Certification I certify that the statements in this document are true made in good faith.	e, complete, and correct to the best of my knowledge and belief, and are
Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing
Signature	Date (mm/dd/yyyy)

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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